

# EMERGENCY EQUIPMENT RENTAL AGREEMENT

<b>1. ORDERING OFFICE (name and address)</b> Department of Natural Resources & Conservation Attn: Jeff Williams PO Box 201601 Helena MT 59620-1601		<b>AGREEMENT NUMBER MUST APPEAR ON ALL PAPERS RELATING TO THIS AGREEMENT</b> <b>2. AGREEMENT NUMBER</b> 065310-20 <i>AG-0343-C-06-30116</i>	
<b>4. CONTRACTOR a. name and address</b> <b>P &amp; S Motors</b> <b>Box 252</b> <b>Troy MT 59935</b>		<b>3. EFFECTIVE DATES</b> a. beginning <b>6/1/06</b> b. ending <b>5/31/07</b>	
<b>b. SSN or Tax ID# 387423515</b> <b>b.1 DUNS Number 966356859</b>		<b>5. POINT OF HIRE (location at time of hire)</b> Troy MT 59935	
<b>c. telephone number (day)</b> <b>406-295-4426</b>		<b>d. telephone number (night)</b> <b>Same</b>	
<b>6. THE WORK RATE IS BASED ON ALL OPERATING SUPPLIES BEING FURNISHED BY</b> <input checked="" type="checkbox"/> <b>CONTRACTOR</b> <input type="checkbox"/> <b>GOVERNMENT</b>		<b>7. OPERATOR FURNISHED BY</b> <input checked="" type="checkbox"/> <b>CONTRACTOR</b> <input type="checkbox"/> <b>GOVERNMENT</b>	

**8. TYPE OF CONTRACTOR (X appropriate boxes)**  
☒ **SMALL BUSINESS**    ☐ **LARGE BUSINESS**    ☐ **SMALL DISADVANTAGED OWNED**    ☐ **WOMEN OWNED**    ☐ **LABOR SURPLUS AREA**    ☐ **LOCAL GOVT.**

9. ITEM DESCRIPTION (Include make, model, year, serial # and accessories)	10. NUMBER OF OPERATORS	11. WORK OR DAILY ONE OPERATIONAL PERIOD**		12. SPECIAL TWO OPERATIONAL		13. GUARANTEE (8 or more hours)
		a. rate	b. unit	a. rate	b. unit	
Portable Wash Stations (8 sinks)		\$995.00	Day			
Mileage Delivery/Retrieval/Service Calls (over 75 mi. Radius)		\$1.25	mi.			
Additional Service Calls if requested		\$195.00	Ea.			
Mileage for Additional Service Calls if requested (75 mile radius does not apply)		\$1.25	mi.			
Reset Fee within camp		\$195.00	Ea.			

## 14. SPECIAL PROVISIONS

(a.) The Provisions of IFB 065310CSW and General Clauses along with replacement clauses are attached and incorporated herein. See attached DNRC General Provisions, Federal Acquisition Regulations (FAR) clauses, NRCG Supplemental Terms and Conditions to the General Clauses of the EERA, OF-294, and the Register of Wage Determination Under the Service Contract Act.

b. No service charge will be paid for the first day of delivery unless the contractor is requested to return that day to service units. There will be no pickup charge except for service and mileage the last day.

c. Reset fee: No mileage paid within the camp area. Mileage only will be charged for each trailer load if units are to be moved outside of the camp location. One day notification is required so contractor can bring required trailer for moving units.

d. For washing stations, mileage shall be calculated from the vendor's base or lodging point to the hand washing station location and return to one of the above. Service includes cleaning, sanitizing and refilling of supplies. **Grey water removal and refilling of potable water will be the governments responsibility.**

\*\* For the purpose of this ERA, an operational period is 24 hours.

**Due to the immediate needs dictated by wildland fire fighting activities, the normal procedures to document contractor deviations cannot be followed. If the contractor services/equipment fails to meet or exceed requirements, the contracting agency may take whatever steps are necessary to obtain services/equipment which meets their needs**

f. This EERA is void if not presented with a valid Incident Specific Resource Order or Number

<b>15. CONTRACTOR'S OR AUTHORIZED AGENT'S SIGNATURE</b> 	<b>16. DATE</b> 5/1/06	<b>17. CONTRACTING OFFICER'S SIGNATURE</b> 	<b>18. DATE</b> 6/7/06
<b>19. PRINT NAME AND TITLE</b> LARRY H. PANSCH - OWNER	<b>20. PRINT NAME AND TITLE</b> N. W. W.		

Jeffry W. Williams DNRC Purchasing Agent

20A. PRINT NAME AND TITLE

*Deborah Wesseling CO*  
Federal Procurement Official

NSN 7540-01-121-8825  
PREVIOUS EDITION NOT USABLE

OPTIONAL FORM 294 (REV. 8-90)  
USDA/USDI 50294-104

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**General  
Information**

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Current Registration  
Status:**Active in CCR; Registration valid until 05/01/2007.**

DUNS: 966356859  
DUNS PLUS4:  
CAGE/NCAGE Code: 3VDB0  
Legal Business Name: P S MOTORS  
Doing Business As (DBA):  
Division Name:  
Division Number  
Company URL:

Physical Street Address 1: 509 DENT ST  
Physical Street Address 2:  
Physical City: TROY  
Physical State: MT  
Physical Zip/Postal Code: 59935-0252  
Physical Country: USA

Mailing Name: P&S MOTORS  
Mailing Address: PO BOX 252  
Mailing Address 2:  
Mailing City: TROY  
Mailing State: MT  
Mailing Zip/Postal Code: 59935-0252  
Mailing Country: USA

Business Start Date: 01/10/1982

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**Corporate  
Information**

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Type of Organization  
**Sole Proprietorship**

Business Types/Grants  
**VN - Contracts**

JWOD Non-Profit Agency  
**No**

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**Goods /  
Services**

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North American Industry Classification System (NAICS)  
**115310 SUPPORT ACTIVITIES FOR FORESTRY**

Standard Industrial Classification (SIC)  
**0851 FORESTRY SERVICES**

Product Service Codes (PSC)  
-

Federal Supply Classification (FSC)  
-

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**Small Business  
Types**

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This information comes from the Small Business Administration and is not editable by CCR vendors.

Business Types

Expiration Date

**21 - Small Business**

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North American Industry Classification System (NAICS)

<u>NAICS Code</u>	<u>Description</u>	<u>Small Business</u>	<u>Emerging Small Business</u>
115310	SUPPORT ACTIVITIES FOR FORESTRY	Yes	No

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**Points of  
Contact**

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Government Business POC Primary

Name: **LARRY H. PAASCH**  
Address Line 1: **PO BOX 252**  
Address Line 2:  
City: **TROY**  
State: **MT**  
Zip/Postal Code: **59935**  
Country: **USA**  
U.S. Phone: **(406) 295-4426** Ext:  
Non-U.S. Phone:  
Fax: **(406) 295-4426**

Government Business POC Alternate

Name: **COLBY R. PAASCH**  
Address Line 1: **PO BOX 994**  
Address Line 2:  
City: **TROY**  
State: **MT**  
Zip/Postal Code: **59935**  
Country: **USA**  
U.S. Phone: **(406) 295-7021** Ext:  
Non-U.S. Phone:  
Fax: **(406) 295-4426**

Past Performance POC Primary

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone: Ext:  
Non-U.S. Phone:  
Fax:

Past Performance POC Alternate

Name:  
Address Line 1:  
Address Line 2:  
City:  
State:  
Zip/Postal Code:  
Country:  
U.S. Phone: Ext:  
Non-U.S. Phone:  
Fax:

Electronic Business POC Primary

Name: **LARRY H. PAASCH**  
Address Line 1: **PO BOX 252**  
Address Line 2:  
City: **TROY**  
State: **MT**

Electronic Business POC Alternate

Name: **COLBY R. PAASCH**  
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Address Line 2:  
City: **TROY**  
State: **MT**

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Fax: (406) 295-4426

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